

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563473

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				-		
3				-		
4				-		
5				-		
6				-		
7				-		
8				-		
9				-		
10				-		
11				-		
12				-		
13				-		
14				-		
15				-		
16				-		
17				-		
18				-		
19				-		
20				-		
21				-		
22				-		
23				-		
24				-		
25				-		
26				-		
27				-		
28				-		
29				-		
30				-		
31				-		
32				-		
33				-		
34				-		
35				-		
36				-		
37				-		
38				-		
39				-		
40				-		
41				-		
42				-		
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	52	←		←
TOTAL CLAIMS			54			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				Ⓟ		
52				Ⓟ		
53				Ⓟ		
54				Ⓟ		
55				Ⓟ		
56				Ⓟ		
57				Ⓟ		
58				Ⓟ		
59				Ⓟ		
60				Ⓟ		
61				Ⓟ		
62				Ⓟ		
63				Ⓟ		
64				Ⓟ		
65				Ⓟ		
66				Ⓟ		
67				Ⓟ		
68				Ⓟ		
69				Ⓟ		
70				Ⓟ		
71				Ⓟ		
72				Ⓟ		
73				Ⓟ		
74				Ⓟ		
75				Ⓟ		
76				Ⓟ		
77				Ⓟ		
78				Ⓟ		
79				Ⓟ		
80				Ⓟ		
81				Ⓟ		
82				Ⓟ		
83				Ⓟ		
84				Ⓟ		
85				Ⓟ		
86				Ⓟ		
87				Ⓟ		
88				Ⓟ		
89				Ⓟ		
90				Ⓟ		
91				Ⓟ		
92				Ⓟ		
93				Ⓟ		
94				Ⓟ		
95				Ⓟ		
96				Ⓟ		
97				Ⓟ		
98				Ⓟ		
99				Ⓟ		
100				Ⓟ		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						